



## CEPHALOSPORINS PA SUMMARY

Preferred	Non-Preferred
<b><i>First Generation</i></b> Cefadroxil generic Cephalexin suspension generic Cephalexin 250 mg or 500 mg capsules generic Keflex 750 mg capsules (cephalexin)	Cephalexin 750 mg capsules generic Cephalexin tablets generic
<b><i>Third Generation</i></b> Cefdinir generic Cefditoren generic Cefpodoxime generic Ceftriaxone generic Suprax suspension (cefixime)	Cedax (ceftibuten) Ceftibuten generic Suprax chewable, capsules, tablets (cefixime)
<b><i>Other Generations</i></b> n/a	Teflaro (ceftaroline injection)

**LENGTH OF AUTHORIZATION:** Varies

### NOTES:

- ❖ If generic ceftibuten is approved, the PA will be issued for the same formulation of brand Cedax.
- ❖ If an injectable medication is being administered in a physician's office then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

### PA CRITERIA:

*For Cephalexin 750 mg Capsules generic and Cephalexin Tablets Generic*

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred products, generic cephalexin 250 mg or 500 mg capsules or brand Keflex 750 mg capsules, are not appropriate for the member.

*For Cedax and Ceftibuten Generic*

- ❖ Approvable for members who have been started and stabilized on while in the hospital

OR

- ❖ The organism being treated must be resistant or not susceptible to all of the preferred 3<sup>rd</sup> generation products, OR member must have contraindications, drug-to-drug interactions, or history of intolerable side effects to all of the preferred products.

*For Suprax chewable, capsules, tablets*

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred 3<sup>rd</sup> generation products, including Suprax suspension, are not appropriate for the member.



*For Teflaro*

- ❖ Approvable for members with acute bacterial skin and skin structure infection or community acquired pneumonia who have been started and stabilized on Teflaro while in the hospital

*OR*

- ❖ Member must be 18 years of age or older

*AND*

- ❖ Physician must submit documentation of an infection with culture and documented sensitivity to Teflaro. The organism must not be susceptible to preferred first-line antibiotics; otherwise, member must have allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to susceptible preferred first-line antibiotics.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.